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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/604,463
Filing Date	07/23/2003
First Named Inventor	Brea
Art Unit	
Examiner Name	
Attorney Docket Number	OCC.US.1

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The inventor and his assignee have not paid for services, have moved, and have not left a
The reasons for this request are: forwarding address.**CORRESPONDENCE ADDRESS**1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☐ Change the correspondence address and direct all future correspondence to:☐ Customer Number: **OR**☐ Firm or
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Name Phillip E. Decker

Signature

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39,163

Date

08/11/2004

Telephone No.

603-766-1910

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